

FEC
FORM 3REPORT OF RECEIPTS
AND DISBURSEMENTS
For An Authorized Committee

SECRETARY OF THE SENATE

'14 APR 15 PM 4:52

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Cory Gardner For Senate

ADDRESS (number and street)

9227 E. Lincoln Ave., #200-234

Check if different
than previously
reported. (ACC)

Lone Tree

CO

80124-5506

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00492454

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

CO

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

in the
State of

M M / D D / Y Y Y Y Y Y

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

in the
State of

M M / D D / Y Y Y Y Y Y

5. Covering Period

M M / D D / Y Y Y Y Y Y
01 / 01 / 2014M M / D D / Y Y Y Y Y Y
01 / 01 / 2014M M / D D / Y Y Y Y Y Y
01 / 01 / 2014

through

M M / D D / Y Y Y Y Y Y
03 / 31 / 2014M M / D D / Y Y Y Y Y Y
03 / 31 / 2014M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Lisa Lisker

Signature of Treasurer

Lisa Lisker

Date

M M / D D / Y Y Y Y Y Y
04 / 15 / 2014M M / D D / Y Y Y Y Y Y
04 / 15 / 2014M M / D D / Y Y Y Y Y Y
04 / 15 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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(Revised 02/2003)